Clinical Techniques in Crisis Intervention: Emergency Counseling in Cases of Acute Poisoning

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Introduction

When faced with an emergency situation, people often panic. Poisoning is an emergency situation where quick response time is critical and remaining calm is essential. Panic can present an enormous challenge for those who are providing acute care in poisoning cases. This article will present an overview of clinical techniques which, when employed, can minimize chaos and increase safety and cooperation in emergency situations.

Case Presentation

David and Cynthia called their physician in a state of panic. The parents were extremely agitated, explaining that their son, Michael, had gotten into some drain cleaner that was kept under the sink. After watching him for a few minutes to see what developed, David and Cynthia tried to make Michael vomit. The child became increasingly ill. By the time the family contacted their doctor, the child had lost consciousness.

David was loud and belligerent. He screamed abusively at the nurse who had answered his call, ignoring her questions for information about what the child had injested and insisting that he speak with their doctor at once. Cynthia picked up the other extension but could not be understood because she was crying hysterically and repeating over and over that Michael was going to die. The nurse tried to explain to the parents that they should have called the poison control center or 911 immediately rather than attempting to make the child vomit. Michael's parents became defensive and angry in response to these instructions and the situation became increasingly chaotic and out of control.

Case Assessment

In any emergency situation, a moderate degree of panic can be expected. In most cases, this will subside once assistance is offered, especially when the assistance is provided with a competent and confident demeanor.[1] However, in some cases, panic does not diminish. In the presented case, David and Cynthia are in a heightened state of arousal and panic. This emotional reaction threatens the safety of their son and the individuals who are attempting to assist in this medical emergency.

Panic must be dealt with immediately. Panic behavior can be exasperating and arouse anger, annoyance and defensiveness in others; however, left unattended panic always represents a threat to safety and the productive resolution of an emergency situation. In the case provided, care to the poisoning victim, Michael, would have been greatly facilitated by administering immediate clinical intervention to his parents, David and Cynthia.

Techniques for Dealing with Emergency Situations

In emergency situations, victims and bystanders experience increased secretions of adrenaline into their systems. This secretion acts as a powerful stimulant causing increased breathing, increased heart and metabolic rates, the constriction of blood vessels and stronger muscle contractions.[2] This 'fight or flight' reaction significantly contributes to the experience of panic. There are specific strategies which can be employed to appropriately intervene.

- **Be calm.** Panic is contagious and it can spill over into the reactions of others, even trained professionals. Deliberate self-control may be required to keep ones voice firm but calm and gentle. This is important to do. When someone is out of control, they need to know that someone else is in control and that they are on the same side.

- **Select a single, simple message.** During emergencies and heightened panic, an individual may not be able to easily receive messages. Do not overwhelm the panicked person with information. When face to face, establish clear eye contact. Repeat a single, simple message several times until it is clear that the person has received it. For example, "David, you need to be calm so we can help your boy." or "Cynthia, you can help most by being calm."

- **Find out the person's name and use it.** It is helpful to establish some degree of rapport during an emergency. The first thing to do is to ask the person what their name is and then introduce yourself. When repeating the initial message, use the person's name. This intimacy can help to calm a person down and will enhance their feelings of support.

- **Provide reassurance.** People will respond favorably to reassurance during emergency situations. Reassurance can be enhanced through sustained eye contact, a calm tone of voice, reassuring statements and touch. For example, briefly reassuring the mother, may have enabled her to become significantly calmer so that she could take the next step that was necessary. A statement such as

"Everything is going to be okay" would be appropriate. This kind of human contact may break through a hysterical reaction and allow the person to regain a little self-control.

- **Phrase statements positively.** There are two ways that messages can be given. When someone is hysterical, it might be tempting to tell them "You can't keep crying like this." Or "Stop it." This won't help. Phrasing statements in a positive manner will make them more easily received. Negative statements are more likely to sound authoritative and punitive. This is not helpful in volatile situations.

- **Educate earlier or later but not *during* an emergency.** An emergency situation is not the time to bring up what may have been done to prevent an accident or what might have been a more helpful response. Even when David becomes defensive and threatening, the crisis time is not the appropriate moment to challenge his statements. Keep the focus on the present emergency.

- **Be patient.** Most people will become significantly calmer shortly after a careful intervention; however, sometimes it takes a little longer. Do not become impatient. Impatience will aggravate the situation.

- **Don't ignore panic.** It is better to take the time to deal with panic right away than to wait or ignore it and hope it goes away by itself. Left unchecked, panic can escalate and a bad situation may get much worse.

Prevention

Education decreases the number of poisoning cases and increases the likelihood of a favorable response when poisoning does occur. Parents should be encouraged to obtain medications in small quantities and to store them in bottles with safety closures. Any toxic substances, including cleaners, should be stored in places not accessible to children (either a locked or remote location - but beware of children's ingenuity).

Some cases of accidental poisoning may in fact be experimentation by children looking for a "high." Other poisoning cases, especially cases of repetitive self-poisoning, may reflect substantial conflicts in the family or a suicide attempt.[3] If there is any suspicion of psychopathology, appropriate referrals should be made for the child and his/her parents.

Regardless of education, poisoning emergencies will still happen. It is therefore critical to teach people how to deal appropriately with emergencies involving acute poisoning. Education is the most effective measure for decreasing the seriousness of the injury and increasing chances of survival. The most reliable tool for effective functioning is to teach the "5-C's" for responding to emergency poisoning situations. This can be easily mastered and recalled. Proficiency can be achieved by envisioning oneself in a critical situation and going through the 5-C steps. A simplified version of the 5-C's is as follows (to be expanded as necessary):

1. You stay CALM
2. Keep the victim CALM
3. Bring the CONTAINER or label to the phone
4. CALL Hawaii Poison Center 941-4411 or 911 to be connected to the Center
5. CONTINUE to stay on the phone until the emergency response person hangs up (allowing for connection to the poisoning center and accurate assessment and treatment for poison exposures).

References

1. Wolberg, L.R. The Technique of Psychotherapy, Fourth Edition. Philadelphia, PA: Grune & Stratton, Inc. 1988.
2. Tilton, B., 1990. Wilderness Medicine: Dealing with panic in emergency situations. The Network Archives, 1990:7:1-2.
3. Kaplan, H.E., Freedman, A.M. & Sadock, B.J. Comprehensive Textbook of Psychiatry, Third Edition. Baltimore/London: Williams & Wilkins: 1980:Chapter 29.